

PROJECT 10073 RECORD

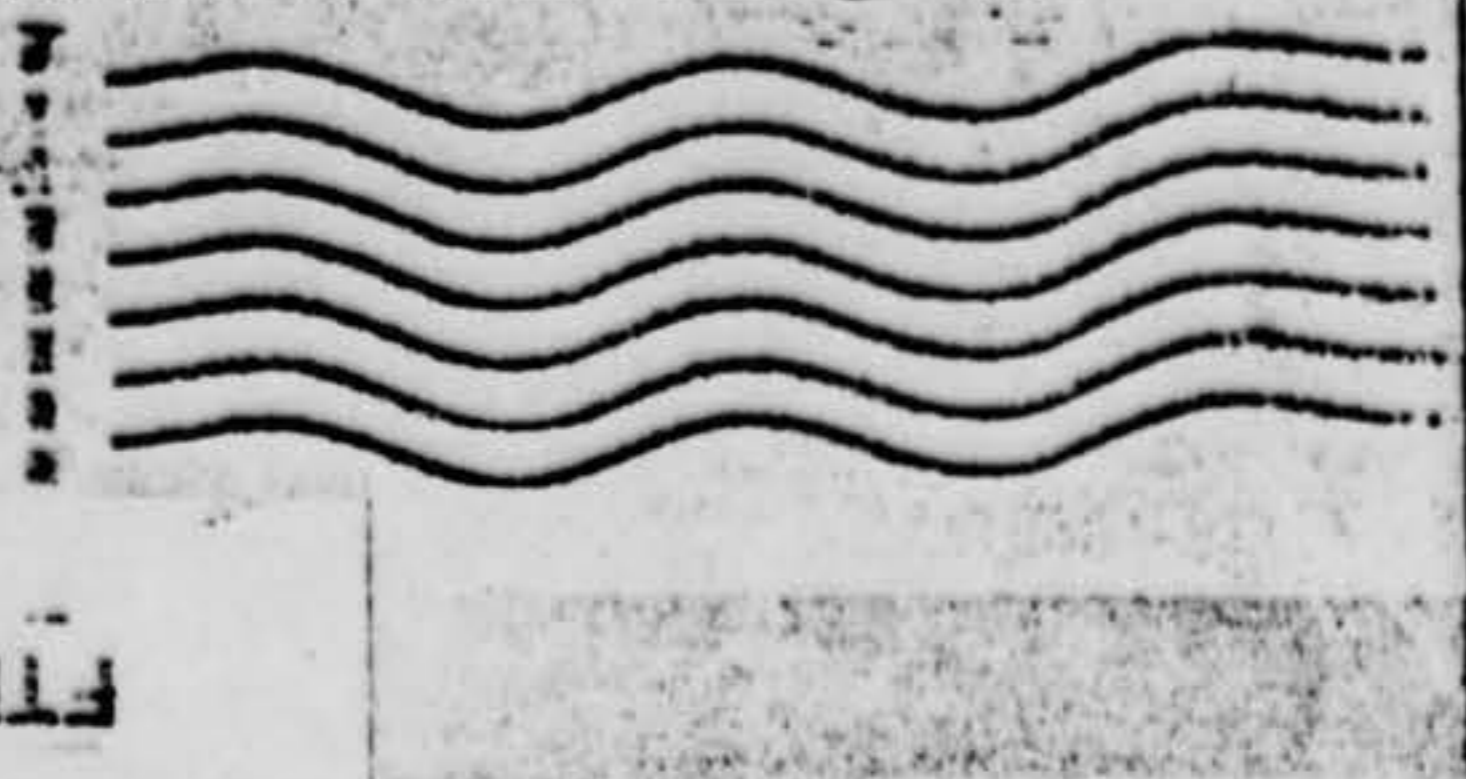
1. DATE - TIME GROUP 21 Aug 68 21/1950 22/0050Z.	2. LOCATION Robstown, Texas (Multiple)
3. SOURCE Civilian	10. CONCLUSION Other (UNRELIABLE REPORT)
4. NUMBER OF OBJECTS One	See also 18-19 Oct 67 and 3 Mar 68 sightings.
5. LENGTH OF OBSERVATION 2 Hours	11. BRIEF SUMMARY AND ANALYSIS SEE CASE
6. TYPE OF OBSERVATION GROUND-VISUAL	
7. COURSE SE	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION.			
SEVERAL TIMES - DON'T REMEMBER DATES BUT REPORTED SEVERAL TO NAVY			
23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO.			
A. LIST THEIR NAMES AND ADDRESSES			
[REDACTED] SAME AS BELOW (HUSBAND)			
[REDACTED] " " " (SON)			
[REDACTED]			
CALLED MY NEIGHBOR - MRS. [REDACTED]			
SHE HAS WATCHED SEVERAL UFO'S WITH ME			
24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF			
LAST NAME FIRST NAME MIDDLE NAME			
[REDACTED]			
ADDRESS [REDACTED] AT [REDACTED] Robstown, TEX.			
[REDACTED]			
[REDACTED] 37			
[REDACTED] MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>			
INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.			
NO REAL EXPERIENCE - EXCEPT I AM GREATLY INTERESTED IN ALL PHASES OF PHENOMENA. READ EVERYTHING I CAN FIND ON SAME. HAVE THE PATIENCE TO WATCH FOR HOURS EVERY NIGHT (DON'T HAVE TIME DURING DAY) KNOW CONSTELLATIONS, NOVAE, WATCHED HUNDREDS OF PLANES LAND AND TAKE OFF. WHEN I SEE SOMETHING DIFFERENT OR UNEXPLAINABLE I WANT TO FIND OUT MORE ABOUT IT.			
25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON? NOBODY - HAVE REPORTED SEVERAL TO CAPT. NAAS			
NAME COLIEE ROSSHAM DAY MONTH YEAR			
26. DATE YOU COMPLETED THIS QUESTIONNAIRE.			
DAY 8 MONTH 22 YEAR 1968			

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

LAST NIGHT, THROUGH MY BINOCULARS, I SPOTTED AN OBJECT NOT VISIBLE TO NAKED EYE. OBJECT TRAVELED AT TREMENDOUS SPEED. HAD HARD TIME KEEPING IN VIEW. OBJECT REMINDED ME OF A "SING-ALONG BALL" KEEPING PERFECT TIME. BLEEP-BLEEP, DISAPPEAR - BLEEP-BLEEP, DISAPPEAR - BITTO. OBJECT WAS ERRATIC IN MOVEMENTS. TRAVELED IN STRAIGHT LINE - THEN IN CIRCLE - UP AND DOWN - STRAIGHTENED OUT AND DISAPPEARED IN GLOWING LIGHT WITH GREAT SPEED. WATCHED FOR ABOUT 20 MINUTES. DID NOT LOCATE AGAIN. TRAVELED SO FAST I COULD NOT DETERMINE SHAPE. DID NOT CHANGE COLORS. REMAINED A BRILLIANT WHITE.

RM



FTD JUL 61 383

September 14, 1968

Started not to send the enclosed back -- really completed the questionnaire for my own file. But!! here it is.

Several of us, here in Suburban Acres, have seen many UFO's but have been frustrated, so many times, ~~in our honest~~ desire to report sightings. I have talked to Chief Basham, of the Corpus Christi Naval Air Station, several times -- and you would have to go some to find a nicer person than he. But he is only on duty just so many hours of the day. The following is a conversation I had with someone in the Police Dept. (and this is one of the nicer

ME: Well, their flying saucer is blocking my driveway and they like my coffee so much they won't leave.

I don't drink, take dope, make up wild stories, or want publicity. I am just plain interested and I detest having my intelligence questioned by a sarcastic newsmen, a sadistic police officer or what have you. In fact, my husband wishes I had never heard of UFO's. We have an understanding -- he can go fishing anytime he desires and I watch for phenomea.

I have talked to many people that have sighted UFO's but decline reporting them for reasons stated above.

Sincerely,

Mrs. [REDACTED]
 [REDACTED]
 [REDACTED] Lufas

Also sightings 8-19 Oct 67, 3 Mar 68

AFR 80-17(C1)

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-2259

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 8 MONTH 21 YEAR 1967

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 7 MINUTES 50 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 45 ☐ A.M. ☒ P.M.

4. TIME ZONE

☒ DAYLIGHT SAVINGS

☐ STANDARD

☐ EASTERN

☐ CENTRAL

☐ MOUNTAIN

☐ PACIFIC

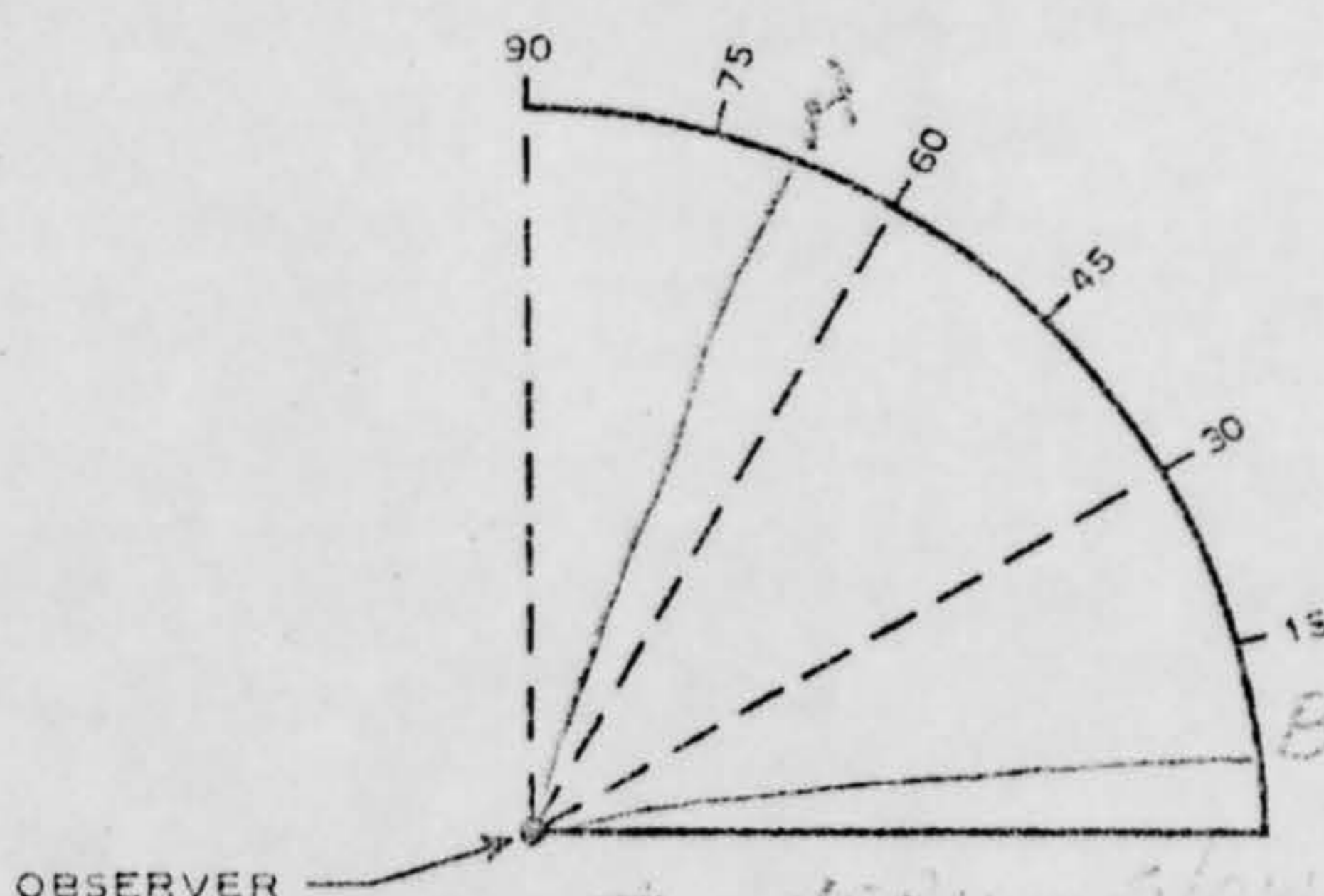
☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

AT HOME - ABOUT 1 1/2 MILES FROM CITY LIMITS

NEAR FARM ROAD 1694 - ABOUT 1 MILE FROM
LOW C. HILL POWER PLANT

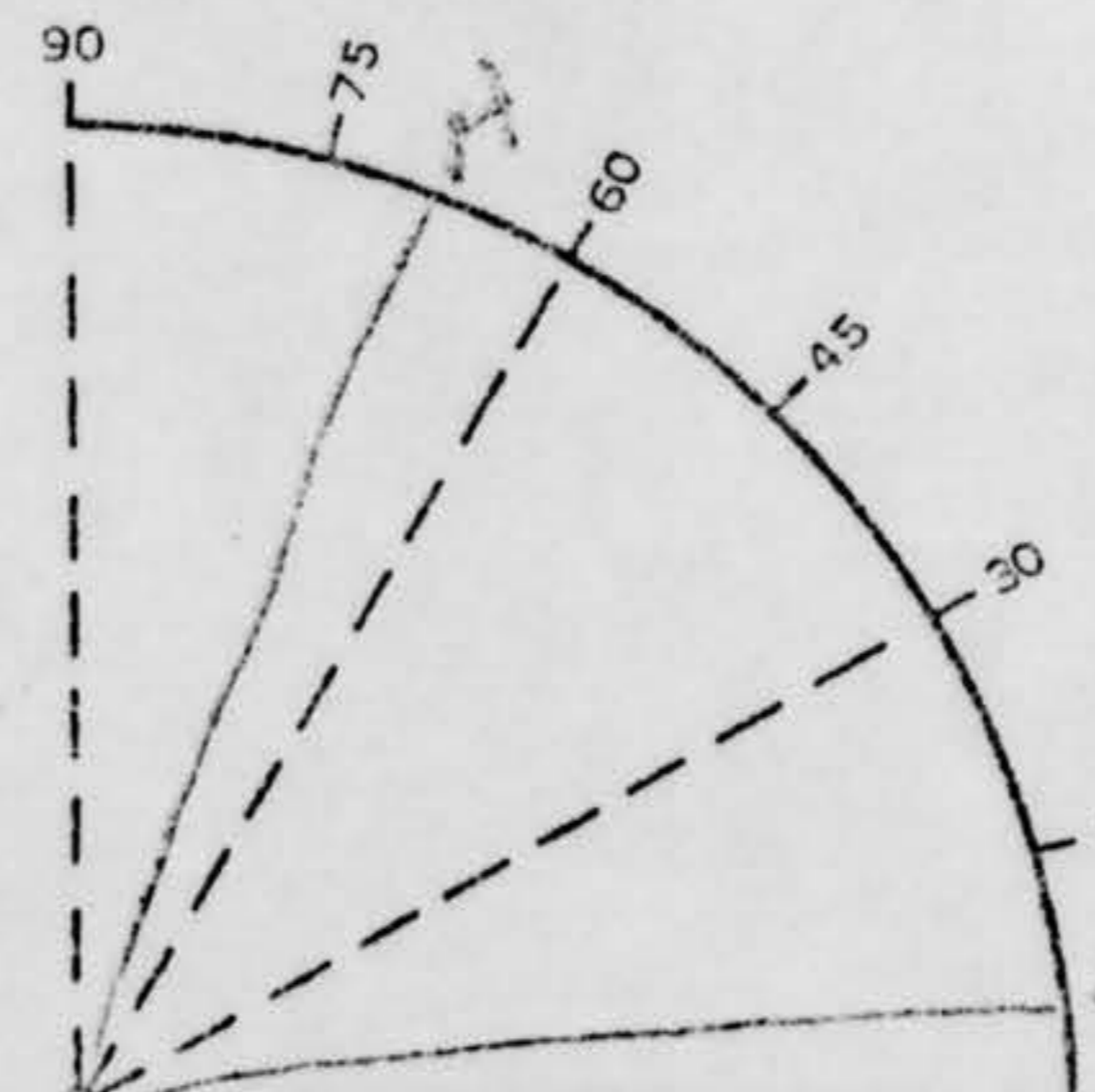
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



OBJECT SEEMED TO RISE VERY SLOWLY DOWNWARD
UNTIL HIDDEN FROM SIGHT BEHIND HORIZON. SEEMED
TO GLOW VERY BRIGHTLY FOR 25 FT WENT OUT OF SIGHT

Also sightings 8-19 Oct 67, 3 Mar 68

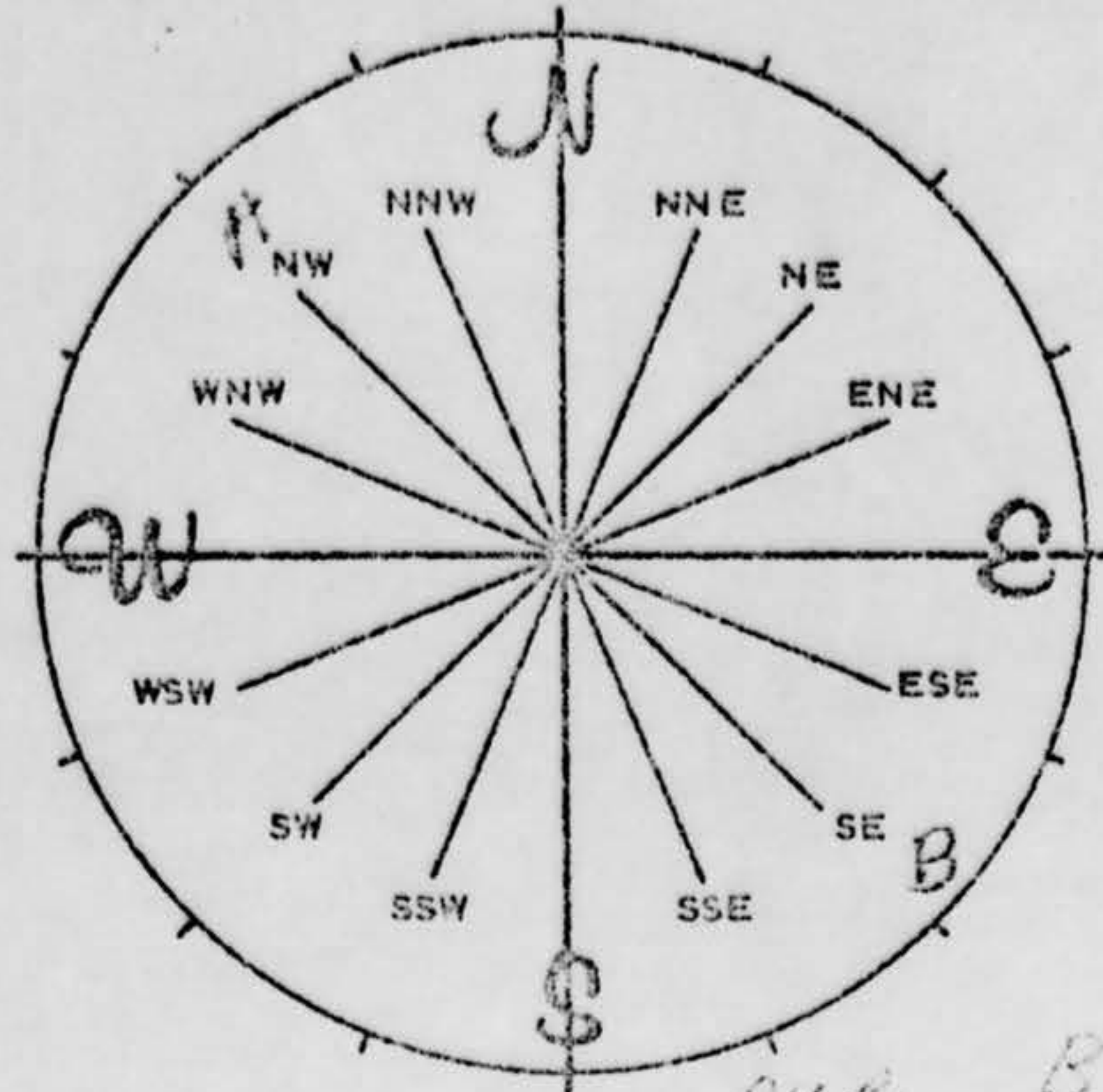
AFR 80-17(C1)

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE		BUDGET BUREAU APPROVAL NUMBER 21-R359	
<p>THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)</p>			
1. WHEN DID YOU SEE THE PHENOMENON? DAY <u>8</u> MONTH <u>21</u> YEAR <u>1967</u>			
2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON? HOUR <u>7</u> MINUTES <u>50</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.			
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON? HOUR <u>9</u> MINUTES <u>45</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.			
4. TIME ZONE <input checked="" type="checkbox"/> DAYLIGHT SAVINGS <input type="checkbox"/> STANDARD <input type="checkbox"/> EASTERN <input type="checkbox"/> CENTRAL <input type="checkbox"/> MOUNTAIN <input type="checkbox"/> PACIFIC <input type="checkbox"/> OTHER			
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK. <u>AT HOME - ABOUT 1 1/2 MILES FROM CITY LIMITS</u> <u>NEAR FAZOL ROAD 1694 - ABOUT 1 MILE FROM</u> <u>LOWELL HILL POWER PLANT</u>			
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.  <p>object seemed to float VERY slowly DOWNWARD while HIDDEN FROM sight BEHIND horizon. Seemed to glow VERY brightly for 25 - WENT OUT OF sight</p>			

6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.

Hwy # 77

*LEFT
HAND*

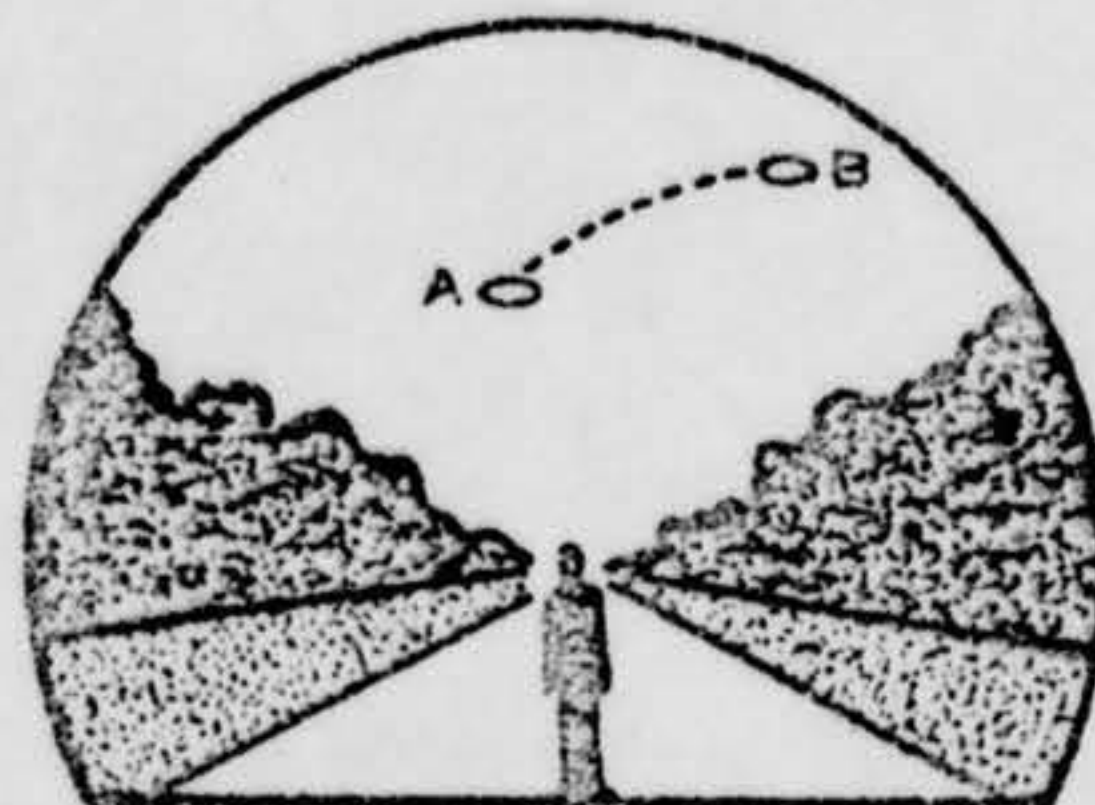
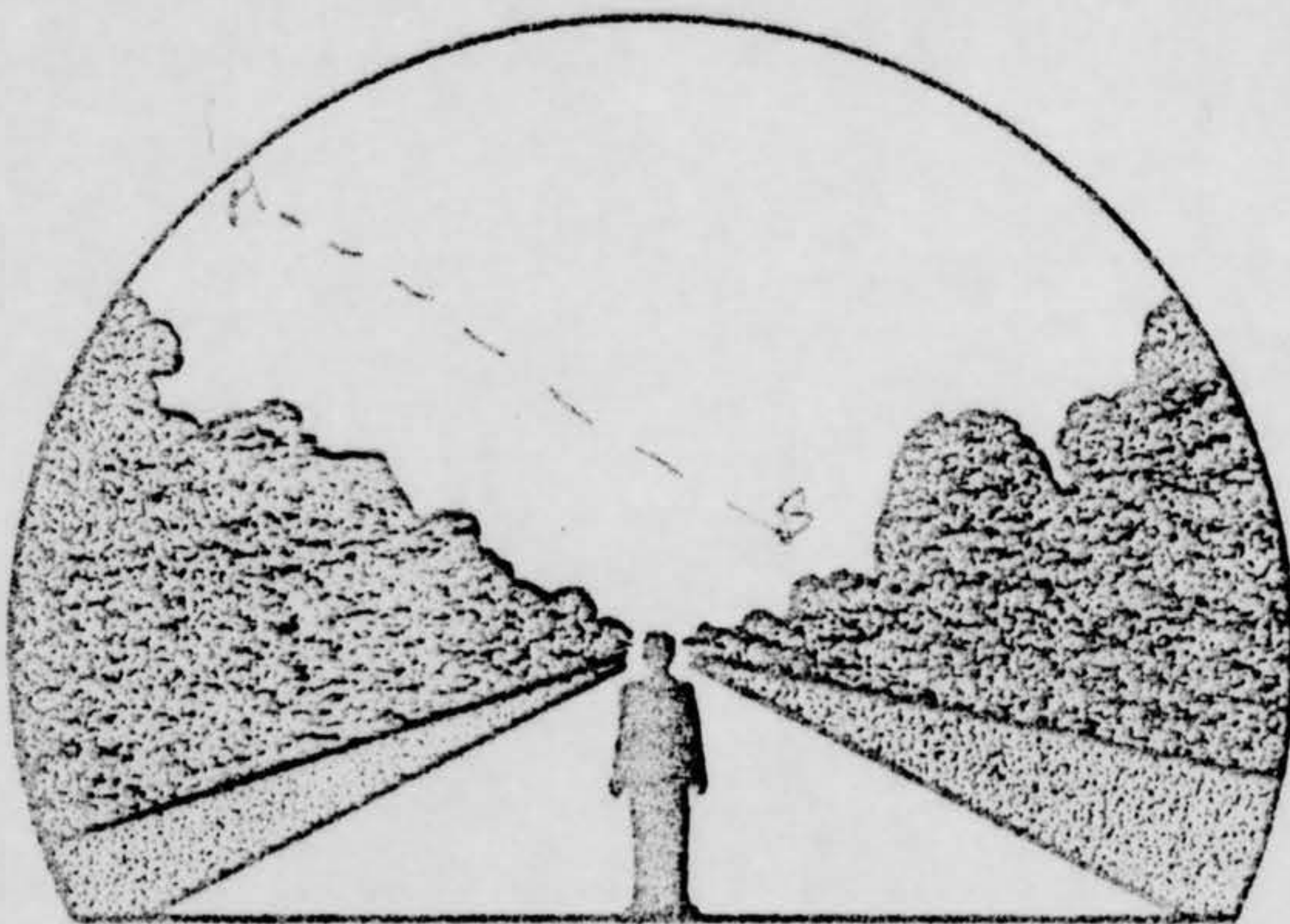


*Right
HAND*

our. BARR

FARM ROAD 1/245

7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/> OUTDOORS		IN BUSINESS SECTION OF CITY	
<input checked="" type="checkbox"/> IN BUILDING <i>AT FIRST</i>		IN RESIDENTIAL SECTION OF CITY	
IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER		<input checked="" type="checkbox"/> IN OPEN COUNTRYSIDE	
IN BOAT		<input checked="" type="checkbox"/> NEAR AIRFIELD <i>FAIRLY CLOSE - ABOUT 8 MILES AWAY</i>	
IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		FLYING OVER CITY <i>THE OTHER FLIES</i>	
OTHER		FLYING OVER OPEN COUNTRY	
		OTHER	
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
NORTH		EAST	
SOUTH		WEST	
NORTHEAST		SOUTHEAST	
NORTHWEST		SOUTHWEST	
		DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
<i>NOTICED 3 AIRPLANES - ONE PASSENGER LANDED AT AIRPORT - 2 PROBABLY NAVY TRAINERS - WENT TOWARD NAS</i> <i>PH</i> <i>MISS.</i>			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME		<input checked="" type="checkbox"/> CERTAIN OF TIME	<input type="checkbox"/> NOT VERY SURE
<i>ALMOST 2 HOURS</i>		<input type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS
HOW WAS TIME DETERMINED?			
<i>WATCH</i>			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			
<i>NOT ALL TIME BY NAKED EYE. BUT CLEARLY SEEN WITH BINOCULARS. OBJECT DIMMED GREATLY AT TIMES - ESPECIALLY WHEN AIRCRAFT WAS IN SIGHT AND WHEN SEARCH LIGHTS CAME NEAR. WHEN VIEWED THROUGH GLASSES - 2 OTHER OBJECTS WERE VISIBLE AND AS LARGER OBJECT GREW BRIGHT THEY DIMMED.</i> <i>LOOKED LIKE INVERTED V WITH STAINS ATTACHED</i>			

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

SEE 9

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
<input type="checkbox"/> DAY		<input type="checkbox"/> CIRULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> TWILIGHT		<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone)	<input type="checkbox"/> HEAVY RAIN
<input checked="" type="checkbox"/> NIGHT		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/> CLEAR		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> HAIL
<input type="checkbox"/> PARTLY CLOUDY			<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST		<input type="checkbox"/> HAZE OR SMOG	<input type="checkbox"/> UNKNOWN
			<input checked="" type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS	(2) MOON
<input type="checkbox"/> NONE	<input type="checkbox"/> BRIGHT MOONLIGHT
<input type="checkbox"/> A FEW	<input checked="" type="checkbox"/> NO MOONLIGHT
<input checked="" type="checkbox"/> MANY	<input type="checkbox"/> MOON WITH HALO
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> MOON HIDDEN BY CLOUDS
	<input type="checkbox"/> PARTIAL (New or quarter)

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

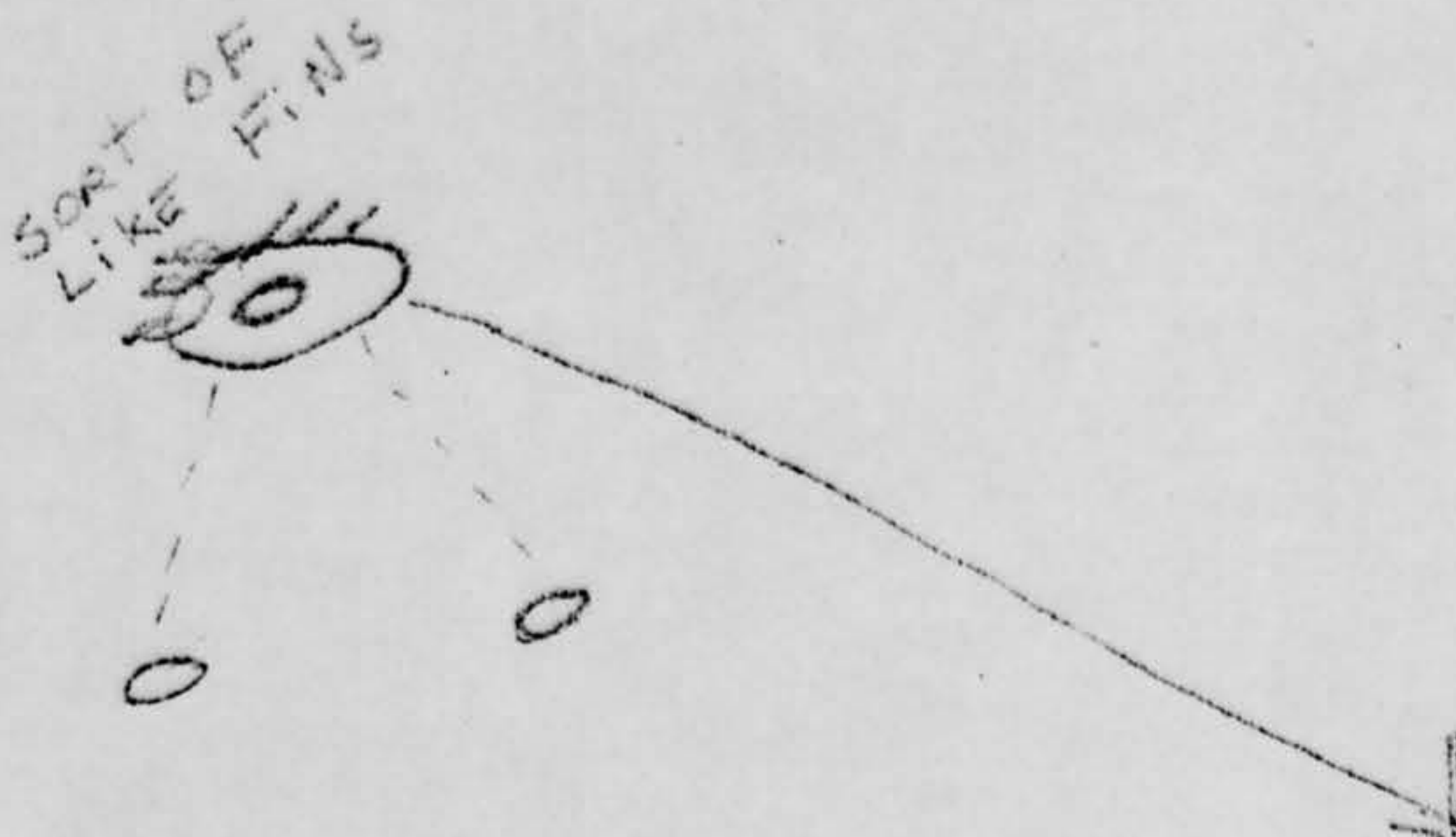
SEVERAL STREET LIGHTS AND POWER PLANT WAS
Lit up. SEVERAL MILES to S. Lights - 1 mile to plant

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

APPEARED SLIGHTLY OVAL - SELF LUMINOUS. EDGES
SLIGHTLY FUZZY UNTIL RIGHT BEFORE IT WENT OUT
OF SIGHT. APPEARED SOLID. WHEN I FIRST NOTICED
OBJECT (OUT OF KITCHEN WINDOW) I GOT IMPRESSION
OF LIGHT BULB BEING TURNED ON. IT WAS JUST
THERE - NOTHING ELSE IN SIGHT. NO VISIBLE STARS.
COLORS CHANGED FROM VERY RED TO COLD
GLITTERING WHITE. LIGHTS WERE ARTIFICIAL
LOOKING

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?		<input checked="" type="checkbox"/>	
	STAND STILL AT ANYTIME?	<input checked="" type="checkbox"/>		
	SUDDENLY SPEED UP AND RUN AWAY?		<input checked="" type="checkbox"/>	
	BREAK UP IN PARTS AND EXPLODE?		<input checked="" type="checkbox"/>	
	CHANGE COLOR?	<input checked="" type="checkbox"/>		
	GIVE OFF SMOKE?		<input checked="" type="checkbox"/>	
	CHANGE BRIGHTNESS?	<input checked="" type="checkbox"/>		
	CHANGE SHAPE?		<input checked="" type="checkbox"/>	
	FLASH OR FLICKER?	<input checked="" type="checkbox"/>		
	DISAPPEAR AND REAPPEAR?	<input checked="" type="checkbox"/>		
	SPIN LIKE A TOP?			
	MAKE A NOISE?		<input checked="" type="checkbox"/>	
	FLUTTER OR WOBBLE?		<input checked="" type="checkbox"/>	
14.	WHAT DREW YOUR ATTENTION TO THE PHENOMENON?			
	AT TIMES APPEARED to - could have been light SUDDEN APPEARANCE AND FLOATING MOVEMENT.			
A. HOW DID IT FINALLY DISAPPEAR?				
	BEHIND HORIZON			
B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.				

13. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



X
PIE

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

About $\frac{1}{3}$

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.	
<input checked="" type="checkbox"/> EYEGLASSES	<input type="checkbox"/> CAMERA VIEWER
<input type="checkbox"/> SUNGLASSES	<input checked="" type="checkbox"/> BINOCULARS
<input type="checkbox"/> WINDSHIELD	<input type="checkbox"/> TELESCOPE
<input type="checkbox"/> SIDE WINDOW OF VEHICLE	<input type="checkbox"/> THEODOLITE
<input type="checkbox"/> WINDOWPANE	<input type="checkbox"/> OTHER
A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED. <u>not so</u>	19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE. <u>2 miles</u>
20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.	
<p>SORT OF A CINNAMON DUN (SLIGHTLY RAISED IN CENTER) SHAPED OBJECT, GREATLY ENLARGED WITH ZIG-ZAGGED ICING LOOPED AROUND ONE SIDE, PLACED ON A TURN TABLE - TO REVOLVE SLOWLY UNDER SPOT LIGHTS</p> <p>object slightly RAISED IN CENTER</p>	
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	
<p>EXCEPT DOG WHINING - COULD HAVE BEEN FLEAS</p>	
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	
<p>NOT THAT I KNOW OF.</p>	